1503 - 189 - 3995

Office

Use

Only

STATEMENT OF

FORM 1	,	ORG	ANIZA	OIT	1	n	DIE 6		EI	/ET)	ice Use	Only		
NAME OF COMMITTEE (in		(Check i	jed)	over the		g, type	0101	125	ÜΙΝΙ	11-1-	ન્રું ક]		
PHILADELI	PHIA 2	016 HOS	TCOM	/MITT	Γ ΕΕ		1 1	1.1.	1 1		11	<u> </u>	<u> </u>	1 1
		<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			1 1		.11							
ADDRESS (number a	nd street)	1900 MARKET S	TREET		1 1 1		1 1	1.1				<u>.tL</u>		
(Check if address is changed)		3D FLOOR			 		1 1							11
		PHILADELPHIA CITY			<u> </u>	LL	ا .	PA L_L STAT	_ Ę ▲	191	03 	ZIP (CODE	<u> </u>
COMMITTEE'S E-MA	AIL ADDRES	ss												
(Check if a is changed		lila@phldnc.c	om		<u> </u>			<u>i</u> L	_11		_11		_ا_ا_	1111
		Optional Second	l E-Mail Add	ress										
				<u></u>	1 1 1									_11
COMMITTEE'S WEB (Check if a is changed)	address	RESS (URL) www.phldnc.com		1 1 1			<u></u>	<u> </u>						
2. DATE	11 11	/ Y Y Y Y Y Y 2015												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C							·				-
4. IS THIS STATEM	MENT 🗵	NEW (N)	OR		AMENI	DED (A	A)							
I certify that I have e	examined thi	s Statement and	to the best of	of my knov	wledge a	nd beli	ef it is	true,	corre	ct and	compl	ete.		
Type or Print Name	of Treasurer	Kevin Washo				. <u></u>								
Signature of Treasure	er _/-	1.//	1/r				ſ	Date	Ø.	X) ′			2.0	<u> </u>
NOTE: Submission of		ous, or incomplete ANY CHANGE IN					_				penaltie	es of 2	· U.S.C	c. §437g

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC FORM 1

(Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009) Page	. 2
		COMMITTEE	
Car	ndidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.)	ndidate
	e of didate		_1_1_1
	didate y Affiliati	Office State Sought: House Senate President District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	mmittee: The committee is the host committee for the 2016 Democratic National Convention (11 C.F.R. § 9	008.51)
(d)	×	This committee is a (National, State or subordinate) committee of the DEM Republican,	•
Poli		Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nization is a
, ,		Corporation Corporation w/o Capital Stock Labor Org	anization
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	-
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
·		[ma] acomon acomo acomon acomon acomon acomo aco	
Joir	nt Fünd	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more p committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical
, (h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds/organizations, none of which is an authorized committee of a federal candidate.	olitical
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	·/
	2.	FEC ID number	· · · · · · · · · · · · · · · · · · ·
	3.	FEC ID number	
	4.		· · · · · · · · · · · · · · · · · · ·
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Write or Type Committee Name	
	2016 HOST COMMITTEE
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: Identibooks and records.	cify by name, address (phone number optional) and position of the person in possession of committee
Full Name Eliza Rose Full Name L L L L Mailing Address	1900 Market Street
Walling Address	3d Floor
	Philadelphia PA 19103
Title or Position	CITY STATE ZIP CODE
CÓO	Telephone number 202 997 6240
8. Treasurer : List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).
Full Name Kevin Wasl	no
Mailing Address	1900 Market Street
	3d Floor
	Philadelphia PA 19103 - 19005
Title or Position Treasurer	CITY STATE ZIP CODE Telephone number

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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USPS Priority Mail Express	,					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
. Nex	xt Business Day Delivery					
Received from House Records & Registration O	Date of Receipt ffice					
Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	Date of Receipt or Postmarked					
1	2/20/15					
PREPARER	DATE PREPARED					

(8/2013)